

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
EMERGENCY CARE DATA RECORD  
MANUAL ABSTRACT REPORTING FORM  
For use with encounters on or after January 1, 2006**

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements  
(Title 22, Sections 97251 through 97265)

**A. FACILITY ID NUMBER**

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**B. ABSTRACT RECORD NUMBER (Optional)**

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**1. DATE OF BIRTH**

Month			Day			Year (4-digit)													
M	M	D	D	C	C	Y	Y												

**2. SEX**

F Female  
M Male  
U Unknown

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**3. RACE**

R1 American Indian or Alaska Native  
R2 Asian  
R3 Black or African American  
R4 Native Hawaiian or Other Pacific Islander  
R5 White  
R9 Other Race  
99 Unknown

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**4. ETHNICITY**

E1 Hispanic or Latino  
E2 Non-Hispanic or Non-Latino  
99 Unknown

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**5. ZIP CODE**

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99999 = Unknown

**6. PATIENT'S SOCIAL SECURITY NUMBER**

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Report 000000001(Unknown) if not recorded in the patient's medical record

**7. SERVICE DATE**

Month			Day			Year (4-digit)													
M	M	D	D	C	C	Y	Y												

**15. EXPECTED SOURCE OF PAYMENT**

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- 09 Self Pay
- 11 Other Non-federal programs
- 12 Preferred Provider Organization (PPO)
- 13 Point of Service (POS)
- 14 Exclusive Provider Organization (EPO)
- 16 Health Maintenance Organization (HMO) Medicare Risk
- AM Automobile Medical
- BL Blue Cross/Blue Shield
- CH CHAMPUS (TRICARE)
- CI Commercial Insurance Company
- DS Disability
- HM Health Maintenance Organization
- MA Medicare Part A
- MB Medicare Part B
- MC Medicaid (Medi-Cal)
- OF Other federal program
- TV Title V
- VA Veterans Affairs Plan
- WC Workers' Compensation Health Claim
- 00 Other

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**1. DATE OF BIRTH (MMDDCCYY)**

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**7. SERVICE DATE (MMDDCCYY)**

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**14. DISPOSITION OF PATIENT**

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- 01 Discharged to home or self care (routine discharge)
- 02 Discharged/transferred to a short term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care
- 04 Discharged/transferred to an intermediate care facility (ICF)
- 05 Discharged/transferred to another type of institution not defined elsewhere in this code list
- 06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice or discontinued care
- 20 Expired
- 43 Discharged/transferred to a federal health care facility
- 50 Discharged home with hospice care
- 51 Discharged to a medical facility with hospice care
- 61 Discharged/transferred to a hospital-based Medicare approved swing bed
- 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital
- 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
- 64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66 Discharged/transferred to a Critical Access Hospital (CAH)
- 00 Other

**8. PRINCIPAL DIAGNOSIS**

ICD-9-CM CODE

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**9. OTHER DIAGNOSIS**

ICD-9-CM CODE

a. 

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b. 

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c. 

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d. 

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e. 

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f. 

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g. 

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h. 

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i. 

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j. 

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k. 

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l. 

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m. 

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n. 

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o. 

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p. 

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q. 

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r. 

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s. 

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t. 

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u. 

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v. 

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w. 

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x. 

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**1. DATE OF BIRTH (MMDDCCYY)**

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**7. SERVICE DATE (MMDDCCYY)**

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**10 PRINCIPAL E-CODE**

ICD-9-CM CODE

E					
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**11 OTHER E-CODES**

ICD-9-CM CODE

a. 

E					
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b. 

E					
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c. 

E					
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d. 

E					
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**12. PRINCIPAL PROCEDURE**

CPT-4 CODE

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**13. OTHER PROCEDURES**

CPT-4 CODE

a.						k.					
b.						l.					
c.						m.					
d.						n.					
e.						o.					
f.						p.					
g.						q.					
h.						r.					
i.						s.					
j.						t.					